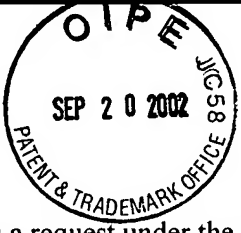
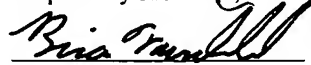


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|--|------------------------------------|---|--|----|---|----|---|----|---|-------------|--|----|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Attorney Docket Number AFN-001 | | | | | | | | | | |
|  | In re Application of Afeyan et al. | | | | | | | | | | | |
| | Application Serial No. 10/053,353 | | | | | | | | | | | |
| | Filed: November 9, 2001 | | | | | | | | | | | |
| | Group Art Unit: 2161 | Examiner: Not yet assigned | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table border="0"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ 1,440.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$720.00</u>.</p> <p><input checked="" type="checkbox"/> A check for the filing fee (\$370.00), the late surcharge (\$65.00), and the extension fee (\$720.00) in the amount of <u>\$1,155.00</u> is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p> | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,440.00 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,440.00 | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS | | SIGNATURE BLOCK | | | | | | | | | | |
| Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 | | Respectfully submitted,  Brian Fairchild Agent for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 | | | | | | | | | | |

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